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PATENT Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

A

FIRST	NAMED INVENTOR OR APPLICATION IDENTIFIER
4.4	

Rueter et al.

TITLE	CAPTURE	MANAGEMENT IMPROVEMENTS
BOX PA	sioner for P	
	Sir:	We are transmitting herewith the attached:
X		Application Transmittal
X	Specific	ation: Total pages: <u>23</u> (including claims and abstract: Spec. <u>20</u> sheets; Claims <u>2</u> sheets; Abstract <u>1</u>
X	Drawing	• • •
		Total sheets: 12
	Combin	ed Declaration and Power of Attorney: unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
	Accomp	Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard
IF A C	ONTINUIN	IG APPLICATION:
		Continuation
-		Amend the specification by inserting before the first line the sentence: This application is a continuation of application number, filed
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
		The prior application is assigned of record to Medtronic, Inc.
		The Power of Attorney in the prior application is to:

	This application claims the benefit of U.S.	Provisional Application(s) Serial No.(s)	_, filed
X	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763)514-6402	

FEE CALCULATION	No. of Claims Filed	Claims Included Base Fee	l in	No. of Extra Claims	Rate	Fee
Total Claims	6	20	=	0	x 18	0
Independent Claims	4	3	=	1	x 84	84
Multiple Dependent Claims	0				+ 270	0
Basic Filing Fee						\$740.00
					TOTAL	824.00

Charge Deposit Account No. 13-2546 the sum of \$824.00 (Filing Fee) for a total of \$824.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Girma Wolde-Michael, Reg. No. 36,72 MEDTRONIC, INC. 7000 Central Avenue N.E. Minneapolis, Minnesota 55432 Telephone: (763) 514-6402